

Child and Family Behavioral Health Policy and Planning Committee

Meeting Summary Henrico CSB – Conference Room C May 12, 2005

Brian Meyer called the meeting to order. The minutes from the previous meeting were approved with a motion from Catherine Hancock and a second from Joanne Smith for approval of the minutes.

The next order of business involved a discussion about the draft report mailed out to the committee prior to the meeting. The draft represented the work of the writing subcommittee. For purposes of discussing the draft report, Brian introduced the Principles of Saliency:

Primacy
Regency
Repetition
Uniqueness
Omission

After a discussion about the principles, the committee then moved to reviewing the draft report. The following information represents pertinent points, questions, issues, and comments resulting from the committee's review.

Questions for the committee to consider:

- Weighting – are we weighting it correctly?
- Making the points we want to make the most?
- Are we getting our major points across? As we go through the report does the beginning and end tie things together? Pay attention to omission. What have we not done?

First Draft – discussion and modifications

Page 4

Introduction

Purpose of report
One sentence of who the committee is (who we are), legislatively mandated, and revitalized
Why is it important?
Thesis-what it's about
Family Story
Statistics tied to funding – cost to the state
Overall economic cost
Suggested to not bogging down the introduction with statistics
Consensus – contained to the section where the statistics are situated.
Not to do statistics here.
Story upfront or after the thesis?

Put story after why it's important
Recommendations will go in as part of the Executive Summary

Overview on page 4 overlaps with page 17
Re-title it History and not Overview
Go from national perspective to Virginia. Move the history into it. See page 17, contains the language that authorizes this group. Move this piece up?

Page 8 Prior reports would be better as an appendix. One paragraph that summarizes the recommendations with summary of key things and go to an appendix for the detail

Page 4 one paragraph on history and status with key pieces
Place history and status in the appendix
Put Legislative language toward the front – who we are, page 4
Report reflects multiple perspectives
New members/voices
Integrated effort to address fragmentation
Fragmented committees - no less than 30 committees, this group meant to address

Appendix-committees, one that Department is involved in
Visual
In our work we agreed to integrate certain activities, our recommendation, make sure these activities are more integrated – page 34. We will recommend that the committee- take out of the purpose statement

Regarding the content – all the historical information in the appendices.

Bottom of page 4 through the middle of page 6 – National Perspective

Add the President's New Freedom Commission Report – across the life span, emphasizes prevention. Summary of the President's Report

Context NCLB and IDEA re-authorization – children with disabilities treated like everyone else.
Condense the Surgeon General's report

Making a connection with federal legislation – federal legislation that paints the picture – in bulleted format.

Middle of Page 7

Chart of national and state statistics – side by side comparison
Page 7 - 5th bullet belongs in Virginia
Under current services, 3rd bullet down, pulled and put in Virginia section
Kristi could help with the Virginia statistics
Putting in number of primary care physicians caring for children with SED
Putting in the number of number of behavioral health care providers (child psychiatrists) – Harry Gewanter (American Academy of Pediatrics statistics)
Map of child psychiatrists
Juvenile Justice – 70 child psychiatrists serving youth committed to the state – need for prevention

Youth going into the juvenile justice system for mental health services

Page 9 and most of page 10 eliminated

Child and Adolescent Spec Population workgroup recommendations go into an appendix.

Page 10 – 12 one appendix

Relinquishment of Custody – goes into an appendix

Page 10 – Develop one paragraph on previous studies. Refer to appendices. Bullets consistent themes

Page 12 – 15 go into a different appendix

Pages 17- 21

Move Background to **Introduction**

Status of Recommendations -

1. Shorten
2. Put status of recommendations immediately after the recommendation

Two paragraphs

1. Accomplishments
2. What has not yet been addressed

Page 22 – Section Current policies

Page 22 – moved to a recommendation and drop the other two

Small piece to be written by Sandy Bryant

Purpose to identify the Impact of shift of funds to Medicaid for TCM. Some boards are taking the funds from children's services. Increase the rate for TCM. Decisions made locally, higher reimbursement rate for TCM. State general funds were needed to increase FFP for Medicaid.

Need clarity about the impact of local decisions, could increase fragmentation of children's services.

Take this piece out of the report.

Take out the issues about local match

Omitted: No statement of need. Didn't talk about fragmentation, lack of capacity, families don't have voices in some parts of the state.

Statement of need

Status of children's MH/MR/SAS services

Capacity

Fragmentation

Family Involvement

Access

Prevention – should be public policy

Recommendation

Fund prevention services, not reactive, save dollars

No continuum of services

CSB only mandated for case management and EME services

Services differ by CSB 70 primary care physicians psychotropic

Primary care does need to be brought in

Lack of coordination

Silo'd funding

Families need to be educated about services – Education and support for families tied to a recommendation and a priority recommendation. This issue is tied to capacity and access.

Waiting lists

Ongoing teaching and training

Too few Child psychiatrists and psychologists

Pediatricians get paid to provide his service and don't get reimbursed for care coordination (it is not face-to-face care)

Under funding

Difficult to collect data across agencies

Data aren't comparable

Evidence Based Practice (EBP) – in national perspective – **page 6**

Schools have difficulty

Juvenile Justice

Insufficient number of clinicians in detention centers (example when there's medication)
Some youth need hospitalization and hospital won't take them because they are coming from detention

Questions about number of acute psychiatric beds

No crisis stabilization

Variations in care –standards and competencies

Kids released from state incarceration – services are not in all localities, housing

Transitions

No residential SA treatment

Kids with problems entering detention

Screening

FRAME: 24% kids population and 7% of funds

Themes: Statement of Need

Capacity

Access

Fragmentation

Family Involvement

Quality of Standards/ quality/competencies
No real change despite many reports
Not a priority

Lack of knowledge and information that can be easily shared

Summary piece on page 23

Page 24 – Change from Recommendations to Vision and Guiding Principles for 2006-2008

Needs introductory paragraph

Under accessible – bold equal access, further expound on equal access to ensure against disparity of localities that do not have equal funding.

Page 26 Description of a System of Care – deleted

Need to describe the system of care

Could this be an implementation strategy? Our implementation strategy is a SOC, and then goes into 1, 2, and 3

Organization – buy in, coordination, energy
Structure

Page 30 thru 32 – Recommendations for State Agencies:

#3 – DMHMRSAS should apply for state licensure for EBTs...

**Strike the sentence. Is the intent that the Department should fund the license to remove the disincentive to apply for evidence-based practices?
Change applying to funding**

MR/EI/Part C Advisory Committee

The dollar amounts are going on the priority funding recommendations for the year.
Endorse the recommendations.

Comprehensive system, thinking in terms of an age group and this is a silo.
Is it appropriate to bring this up at this point?
Integrate these needs into those sections of the report. Well-defined program within the state- this becomes a story in the program. We want to make what happens, better.

Need a need statement. Needs to be included, ties to prevention, appropriate under Goal 2, and reference it generally. Specifics of the funding could be addressed separately. Funding request could go into the Appendices.

Make more general statements. Put it forth as recommendations, put in Goal # 2 and reference in the Appendices. All the reports

Point under the Status of Virginia

Appendices

MR

Juvenile Justice

SA

VaCSB

Page 31 - 34

Flip # 4 and 5

Place section on page 34 as the first one of the recommendations section. Moving 34 in front of 31.

Harry will write a paragraph about the private sector

Other JJ entities including group homes, etc. need to be included.

Add JJ recommendations

Page 35 – Funding Goals

#1 – This needs to be added. Fran will write with help from Joyce Kube.

Family section

Add barriers to family involvement

The expectation for family member to attend meetings without compensation for missing work, transportation

Some of this needs to be moved to the Statement of Need

2 - Expand the capacity

- Strike sentence about \$40m. Introductory paragraph to the list
- Add JJ here
- Another recommendation or included adequate payment for pediatricians to provide the services (reimbursement for services), different bullet
- Expand access to and expand the capacity

- Second and third bullets from the bottom, combine.
- Refer to care coordination and not case management
- Transition needs further clarification

#3 This item needs to be expanded

Page 38 Conclusions

Non-fiscal recommendations

Refer to outline

SOC – adopt that as the implementation strategy

Prioritize the recommendations when other agencies report their recommendations – no

Fiscal recommendations

1. Training

How would the training be and put a dollar figure in
Develop support of programs like Child Health Care Crisis Relief Act (HR 1106 and S537). To investigate alternate ways of creating incentives/opportunities to leverage state funds for training

DMHMRSAS – Transformation Grant. \$1.5-3.0 m for five years (amount for the whole grant). Children's services are always kept a priority.

Recommending: keep in mind children's services whenever looking at grant opportunities? Not necessary to say this to the DMHMRSAS but to the General Assembly. Go back to federal, DMHMRSAS bring to the Congressional Delegation and highlight funding opportunities.

Add a letter c. On-going training – evidence based practices and best practices for skill development, etc. for current BH workforce.

2. Family Support

Implementation of the plan

3. SOC –

First half of the first paragraph needs to be deleted. Start with The Public Behavioral Health care services... state policy about SOC and specific funding initiatives. Do we want to expand beyond 7 to 24? Insert an introductory paragraph to the recommendations. The goal is 24 and an incremental plan to reach the 24. Supporting CSBs and non-mandated population. State the cost.

4. MST/MFT – two projects, expand to six additional sites. To include juvenile justice and youth with co-occurring and/or MR issues. In JJ, prevention if for kids already in the system.

5. Mental Health School-Based Services:

Target middle school children
Target figures are per year
Provide information dissemination to other schools

Conclusions

Final Comments:

Family Support needs to be re-worded to demonstrate support for families and not expanding bureaucracy.

The next meeting of the committee will occur on Thursday June 9th from 10:00 AM until 2:00 PM. The location of the meeting is Conference Room C at the Henrico CSB. Please bring lunch, as this will be a working meeting for further discussion about the draft report.

Meeting adjourned.